

BIRCH, STEWART, KOLASCH & BIRCH, LLP

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING:

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:*

Insert Title

Scanning Microscopic Method Having High Axial Resolution

Check Box If
Appropriate -
For Use Without
Specification
Attached

the specification of which is attached hereto unless the following box is checked:

was filed on _____ as United States Application Number _____ or PCT International Application Number PCT/EP99/10142 filed on December 20, 1999 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority
Information
(if appropriate)

| Prior Foreign Application(s) | Country | Filing Date | Priority Claimed |
|------------------------------|----------------------|---|---|
| 60/113,478 (Number) | USA (Country) | December 21, 1998 (Month/Day/Year Filed) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 98 124 314.0 (Number) | Europe (Country) | December 21, 1998 (Month/Day/Year Filed) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 198 60 549.8 (Number) | Germany (Country) | December 21, 1998 (Month/Day/Year Filed) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| _____ (Number) | _____ (Country) | _____ (Month/Day/Year Filed) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ (Number) | _____ (Country) | _____ (Month/Day/Year Filed) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application:

Country

Application No.

Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Number)

(Filing Date)

(Status — patented, pending, abandoned)

(Application Number)

(Filing Date)

(Status — patented, pending, abandoned)

*NOTE: Must be completed.

0986845-0701

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business with the Patent and Trademark Office connected therewith in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

RAYMOND C. STEWART (Reg. No. 21,066)
 JOSEPH A. KOLASCH (Reg. No. 22,463)
 JAMES M. SLATTERY (Reg. No. 28,380)
 CHARLES GORENSTEIN (Reg. No. 29,274)
 LEONARD R. SVENSSON (Reg. No. 30,330)
 MARC S. WEINER (Reg. No. 32,181)
 JOE MCKINNEY MUNCY (Reg. No. 32,334)
 C. JOSEPH FARACI (Reg. No. 32,350)

TERRELL C. BIRCH (Reg. No. 19,382)
 ANTHONY L. BIRCH (Reg. No. 26,122)
 BERNARD L. SWEENEY (Reg. No. 24,448)
 MICHAEL K. MUTTER (Reg. No. 29,680)
 GERALD M. MURPHY, JR. (Reg. No. 28,977)
 TERRY L. CLARK (Reg. No. 32,644)
 ANDREW D. MEIKLE (Reg. No. 32,868)
 ANDREW F. REISH (Reg. No. 33,443)

16

Send Correspondence to: **BIRCH, STEWART, KOLASCH AND BIRCH, LLP**

P.O. Box 747
 Falls Church, Virginia 22040-0747
 Telephone: (703) 205-8000
 Facsimile: (703) 205-8050

PLEASE NOTE:
 YOU MUST
 COMPLETE THE
 FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:
 Insert Name of Inventor:
 Insert Date This Document Is Signed:
 Insert Residence:
 Insert Citizenship:

Insert Post Office Address:

Full Name of Second Inventor, if any:
 see above

Full Name of Third Inventor, if any:
 see above

Full Name of Fourth Inventor, if any:
 see above

Full Name of Fifth Inventor, if any:
 see above

| | | | |
|---|-------------|----------------------|--------|
| GIVEN NAME | FAMILY NAME | INVENTOR'S SIGNATURE | DATE* |
| Juergen Wolf | MUELLER | <i>Juergen Wolf</i> | 7/4/01 |
| Residence (City, State & Country) | | CITIZENSHIP | |
| 22081 Hamburg, Germany | | 22529 Hamburg | German |
| POST OFFICE ADDRESS (Complete Street Address including City, State & Country) | | | |
| Glueckstrasse 4a, 22081 Hamburg, Germany 22529 Hamburg DE | | | |
| GIVEN NAME | FAMILY NAME | INVENTOR'S SIGNATURE | DATE* |
| Residence (City, State & Country) | | CITIZENSHIP | |
| POST OFFICE ADDRESS (Complete Street Address including City, State & Country) | | | |
| GIVEN NAME | FAMILY NAME | INVENTOR'S SIGNATURE | DATE* |
| Residence (City, State & Country) | | CITIZENSHIP | |
| POST OFFICE ADDRESS (Complete Street Address including City, State & Country) | | | |
| GIVEN NAME | FAMILY NAME | INVENTOR'S SIGNATURE | DATE* |
| Residence (City, State & Country) | | CITIZENSHIP | |
| POST OFFICE ADDRESS (Complete Street Address including City, State & Country) | | | |
| GIVEN NAME | FAMILY NAME | INVENTOR'S SIGNATURE | DATE* |
| Residence (City, State & Country) | | CITIZENSHIP | |
| POST OFFICE ADDRESS (Complete Street Address including City, State & Country) | | | |

*Note: Must be completed — date this document is signed.